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Assessing Synergies between the PRISM II Bilateral Project and Complementary PVO Programs: Perspectives from Guinea and Management Sciences for Health

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Assessing Synergies between the PRISM II Bilateral Project and Complementary PVO Programs

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Assessing Synergies Between the Mission Bilateral and Complementary PVO Programs

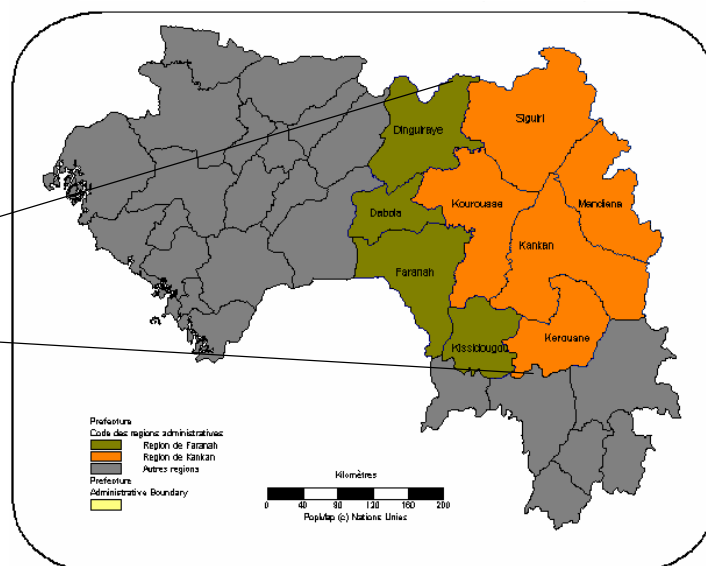
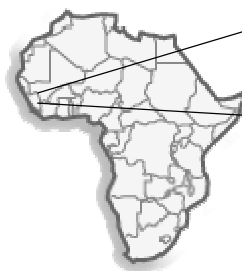
Perspectives from Guinea and
Management Sciences for Health

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MSH/PRISM-Guinea Project

Indicators

- Population: 9,690,222
- IMR: 101 deaths/ 1000 live births ('04)
- MMR: 740/100,000 live births
- Large portion of pop. under 15 yrs old
- Pop. Below Poverty Line: 40%
- Life Expectancy: 49.5 yrs



PRISM Overview

Focusing on improving maternal & reproductive health

Timeframe:

- 1997-present

Services Delivery Points Targeted:

- 109 Health Centers
- 119 Health Posts
- 9 Hospitals



Nearly 20% of Guinean population!

Current Areas of Focus

- Reinforcing community accountability and transparency
 - Health Mutuels & Management Committees
- Maintaining FP services in health centers, maternities, and health posts
- Strengthening contraceptive logistics systems
- Establishing cervical cancer screening program
- Expanding Guinea's Community-Based Distribution (CBD) program



Expanding Guinea's CBD Program

Constraints of previous CBD program	New CBD strategy
<ul style="list-style-type: none">• Few women CBD agents• CBD not integrated in formal health system• Contraceptive prescription referral process overcomplicated• Geographically limiting	<ul style="list-style-type: none">• Instituted new recruiting policy to engage more women agents• MOH integrated the program into the formal health system• CBD agents were trained to prescribe oral contraceptives without having to refer client to health centers (2005 policy change)• Extended the reach of CBD program to more health centers and villages with help from our partners

Utilizing Partnerships to Scale Up

- Existing presence and relationships with community-based agents
- Existing assets:
 - MSH: CBD strategy & mandate, training curricula, contraceptives, technical assistance
 - Save the Children: Gender experience, supported costs & daily program manag't
 - ADRA: local networks, supported costs & daily program manag't
 - Africare: local networks, nutritional experience, supported costs & daily program manag't
- Partners worked together under the DPS (Direction Préfectoral de Santé) direction. Without the DPS, it would not have been possible!

USAID Partners: Flex Fund & Africare



Save the Children®
USA



Africare

Expanding Guinea's CBD Program

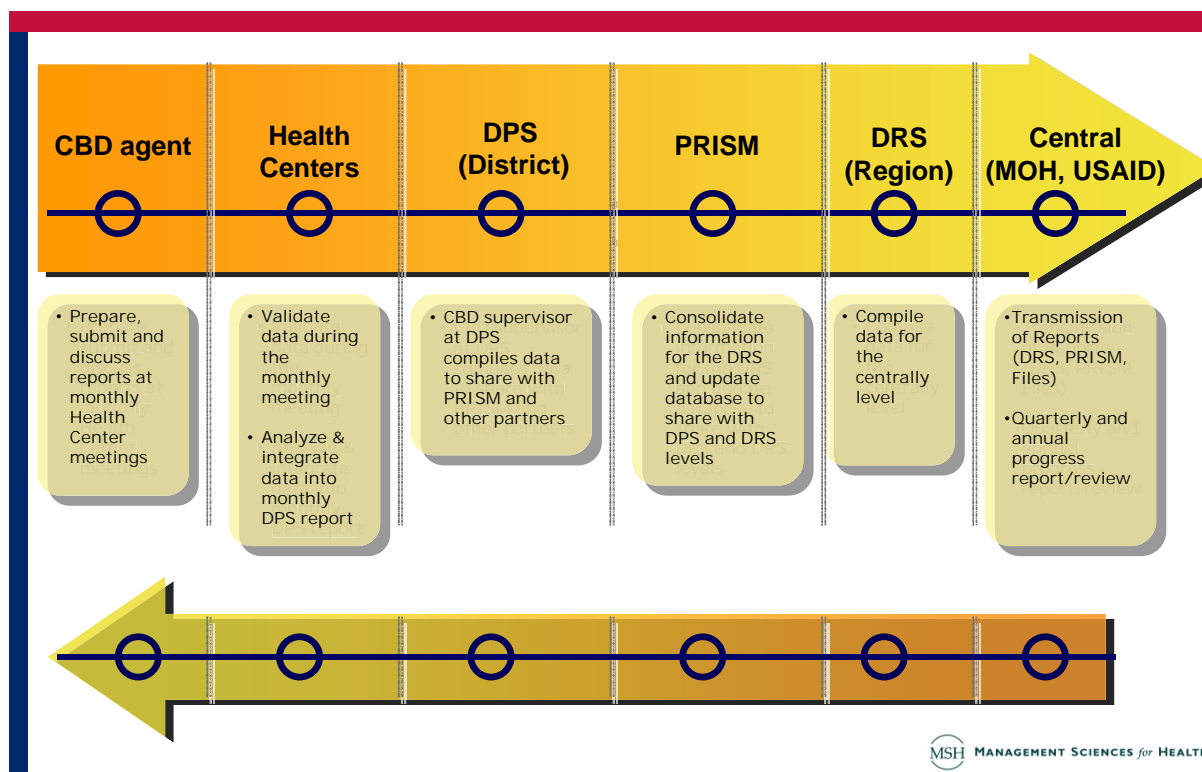
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New Recruiting Policy Engage More Women Agents

approx. 1 CBD agent per 1,000 people = approx. 1 CBD agent per village

Organization	Total trained agents as for March 2006		
	Total	Female	Male
PRISM	440	215	225
PRISM & ADRA	300	147	153
PRISM & Save the Children	438	198	240
PRISM & Africare	329	158	171
Total	1,507	718	789

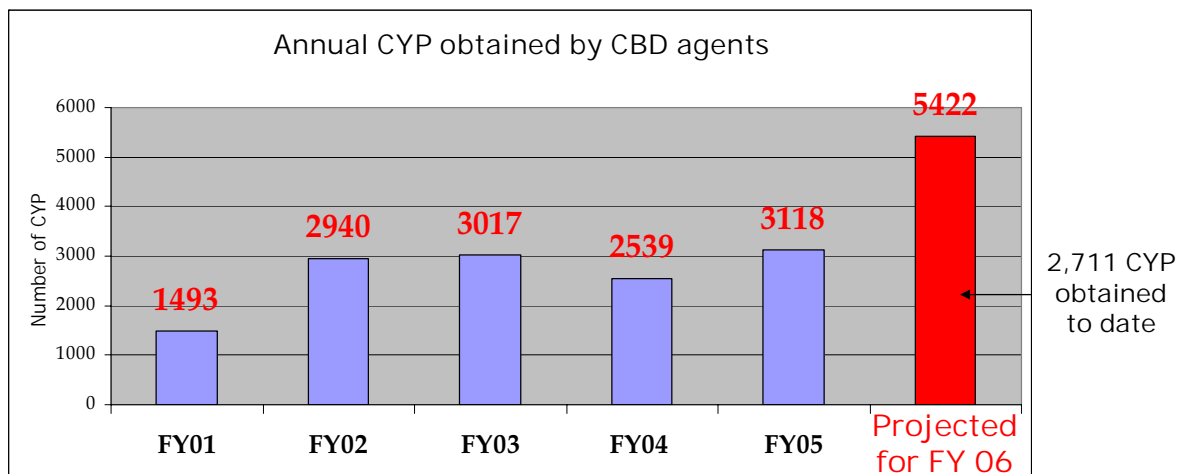
Integrating CBD Program into Formal Health System



CBD Agents Prescribe Oral Contraceptives Directly

Using the Direct Approach Doubles our Impact!

'99-'05 contraceptive prevalence rate rose from 2.9% to 6.5%



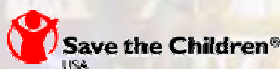
(March 2006)



Partnership accomplishments:

- ### Lessons Learned:

- 
- ADRA
together we can



Future Opportunities

Due to the success of the program, there are many opportunities:

- The MOH is more open to operational research than before
- Improvements in supervision, integration and communication provide opportunities to improve upon other health programs beyond CBD
- Through partnerships, scaling up is faster and more efficiently than through a single organization
- PVOs can utilize technical assistance, networks of relationships and other resources through collaboration with bilateral programs to make a larger impact



Thanks to our Supporters!



Thank you for
your attention!
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